



CHANGE OF PHARMACIST-IN-CHARGE (PIC)

Pharmacy Name	<input type="text"/>	Pharmacy License #	<input type="text"/>
Street	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
		Zip Code	<input type="text"/>

An inventory of the following drugs was taken on _____

- (1) all controlled substances;
- (2) all dosage forms containing nalbuphine (e.g., Nubain); and
- (3) all dosage forms containing tramadol (e.g., Ultram).

By my signature, I acknowledge that I am the pharmacist-in-charge of this pharmacy, and the required change of PIC inventory has been taken. I further attest that I have read and understand the laws and rules relating to this class of pharmacy.

Incoming Pharmacist-in-Charge

Printed Name _____ License # _____

*Signature _____ PIC Start Date _____

PIC's Email _____

Departing Pharmacist-in-Charge

Printed Name _____ License # _____

*Signature _____ PIC End Date _____

Will you remain on staff? YES _____ NO _____

**Note: If the departing and the incoming pharmacists-in-charge are unable to conduct the inventory together, see requirements in Rule 291.17(g). If either is unavailable, please indicate the reason on the signature line.*

This form is for the purpose of change of PIC only – all other employment changes should be submitted online at www.tsbp.state.tx.us/changeaddress.htm

Please complete and mail or fax to:

**Texas State Board of Pharmacy
333 Guadalupe Street, Suite 3-600
Austin, Texas 78701
Fax: (512) 305-8075**

KEEP A COPY OF THIS NOTIFICATION AT THE PHARMACY